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**Introduction:** Hidradenitis suppurativa (HS) is an inflammatory disease affecting the apocrine glands of the axillary, groin and mammary regions with considerable physical and psychosocial sequelae. Extensive severe HS is associated with large resections, high rates of recurrence and post-operative complications. The best method of excision and reconstruction is yet to be identified. We present a direct comparison between two reconstructive procedures for extensive, severe HS.

**Methods:** We prospectively evaluated 27 consecutive patients with Hurley's Stage III HS of the axilla who underwent surgical excision with reconstruction using either split-skin graft (SSG) reconstruction (n=12) or the thoraco-dorsal artery perforator (TDAP) flap reconstruction (n=15). We evaluated operative variables, quality of life (DLQI) and pain/discomfort (VAS) before and after surgery.

**Results:** The TDAP flap reconstruction leads to significantly fewer subsequent procedures, faster recovery and fewer complications than the SSG reconstruction. All patients reported improved quality of life (QOL) post-operatively. The TDAP flap group showed significantly more improvement than the SSG group.

**Conclusions:** Excision and reconstruction using both TDAP flap and SSG reconstructive techniques improve QOL for patients with severe axillary HS. The TDAP flap is superior to SSG in terms of improvements in QOL, recovery, rate of complications and need for subsequent procedures.

#### 0786: PERI-PROSTHETIC INFECTIONS – 'TO REMOVE OR NOT TO REMOVE'

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**Introduction:** Plastic surgeons are often asked to cover soft tissue defects following peri-prosthetic joint infections (PJI). Traditionally, covering defects whilst retaining potentially infected prosthesis has been frowned upon however; orthopaedic colleagues frequently challenge this opinion. We aimed to review current literature to evaluate use of debridement and implant retention (DAIR), with emphasis on its use in the presence of soft tissue defects.

**Methods:** Medline search conducted between June 2012–June 2013 using the terms PJI, implant retention and DAIR.

**Results:** 43 studies examining the use of DAIR in a total of 1796 cases of hip or knee in PJI were identified. Success rates ranged from 20–100%. There were 5 clearly described treatment protocols.

**Conclusions:** Implant retention in PJI is no longer merely a palliative resort but can be adopted as part of a strategy to cure. Literature on the management of PJI is heterogeneous, but improved outcomes are seen when patients are selected for DAIR according to an established protocol. Meticulous debridement and early soft tissue coverage are key elements for success. Many plastic surgeons are unaware of the DAIR protocol. We recommend a formalised multidisciplinary team approach to PJI with institution of mutually agreed protocols to avoid unnecessary removal of prosthesis.

#### 0971: A STUDY OF GRAFT TAKE FOLLOWING THE EXCISION OF ULCERATED SKIN CANCERS

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**Introduction:** The authors were concerned that clinically there appeared to be a high graft failure rate following excision of ulcerated skin lesions from the scalp and lower limb. If graft take was indeed low then leaving such wounds to heal by secondary intention would be a reasonable option. Our aim was to determine graft take following excision of ulcerated and non-ulcerated skin cancers.

**Methods:** A retrospective audit was performed of 35 patients who underwent excision of skin cancer(s)+ SSG/FTSG. Documentation included: Site, histopathology, antibiotic use, and history of chronic illness, steroid, anti-coagulation, tobacco usage.

**Results:** 6 cases developed haematomas, cellulitis or over-granulation. All 6 lesions were ulcerated. The mean graft take at sites of ulcerative and non-ulcerative lesions were 74.7% and 80% respectively (t-test p= 0.07). The mean take at the scalp and lower limb was 89.3% and 74.7% respectively (t-test p=0.45).

The mean graft take between antibiotic and non-antibiotic groups with ulcerative lesions was 74% and 73.3% respectively (T-test p= 0.95).

**Conclusions:** Graft take rates were sufficiently high to justify grafting of these wounds rather than leaving them to heal by secondary intention. This was a small preliminary audit and needs to be confirmed by a larger prospective audit of similar cases.

#### 0986: TWO SURGEON OPERATING IN BILATERAL DIEP FLAP BREAST RECONSTRUCTION

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**Introduction:** DIEP flap breast reconstruction is well established and often considered the gold standard. The rise in patients seeking risk-reducing mastectomies has increased the number of bilateral reconstructions in one sitting. We present our experience with bilateral DIEP flap breast reconstructions and compare operative times and complication rates between 1- and 2-Consultant surgeon teams.

**Methods:** A retrospective review of 81 patients (162 flaps), who underwent bilateral DIEP flap reconstruction between January 2006 and February 2013, was performed. The first group of 44 patients were operated on by a single surgeon, whereas the second group of 37 patients were operated on by two surgeons.

**Results:** The annual number of patients undergoing bilateral reconstruction increased 7-fold from 2006 to 2012. The difference in median operative time between the two groups was not statistically significant (p=0.457, Mann-Whitney test). The flap failure rate was significantly lower in the 2-Surgeon group: 1.3% vs. 5.6% in the 1-Surgeon group. Other complications included haematoma and revision of anastomosis, all of which required re-operation. Their rate was not significantly different between the two groups.

**Conclusions:** The 2-Surgeon approach has several advantages including a reduction in complication rate and potentially increasing teaching opportunities.

#### 1014: NECK DISSECTION FOR NODE-POSITIVE HEAD AND NECK CUTANEOUS MALIGNANT MELANOMA

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**Introduction:** There are no specific guidelines for level and structure preservation neck dissection (ND) for managing cutaneous head and neck malignant melanomas. Loco regional recurrence is reported as 16–32% despite comprehensive neck surgery. We present the outcomes of ND for node-positive cutaneous head and neck melanoma at a single hospital.

**Methods:** All patients (2007–2012) who had a ND for cutaneous head and neck melanoma were identified. Outcomes including disease free and overall survival were retrospectively correlated with patient demographics, ND level, histology and use of adjuvant therapy.

**Results:** 22 NDs were evaluated (14 modified radical NDs, 7 selective NDs, 1 radical ND) in 20 patients with mean age of 66 years (range 45–82; 85% male). Loco regional recurrence occurred in 8 patients (40%) on average 8 months after ND. In 55% of patients, a higher number of positive metastatic lymph nodes were detected than preoperatively. Eight patients (40%) received adjuvant radiotherapy but this was not associated with improved regional control.

**Conclusions:** Node-positive cutaneous head and neck malignant melanoma patients often have a higher burden of involved lymph nodes histologically than can be detected preoperatively. Novel adjuvant therapies may affect the number of patients who proceed to lymph node dissection in the future.

#### 1072: DIAGNOSTIC UTILITY OF FINE NEEDLE ASPIRATION FOR ASSESSMENT OF CUTANEOUS MALIGNANCIES IN THE PLASTIC SURGERY CLINIC

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**Introduction:** Palpable lymphadenopathy in the context of cutaneous malignancy requires histological assessment. Fine Needle Aspiration (FNA) forms part of the plastic surgeon's armamentarium, but diagnostic yield can be variable. We audited pathology reports for FNAs carried out by surgeons or radiologists and compared rates of unsatisfactory specimens, clarifying reasons for non-diagnostic specimens.

**Methods:** FNAs performed between 02/2012 and 10/2013 were identified by SNOMED coding data. Pathology reports were scrutinised, and cross-